Section I: 0	Seneral Inform	ation			
Servicing Official: J. Viera			Date:	6-24-15	
Type of Visit: Comp. Rev.			Year Bu	- , , ,	
Property Name: OKEE/OSCEOLA CENTER				-	
Management Agent Name: BELLE GLADE HOUSING AUTHORITY			No. of	Units: 713	
Borrower Name: BELLE GLADE HOUSING AUTHORITY			RA Unit	s: 224	
Borrower ID and Project No: 699911096 01-4		Project ?	Type: Fa	mily	
up to industry standard. F=Finding. A finding is a widespread occurrence or pattern of a physical problealth & Safety, or accessibility issues are either its severity requires using the three servicing let N/A=Not Applicable. For each finding or a violation the problem including possible corrective action. It column provided. The comment section may be used for	lem that shou r a finding o ters, and pos , use the com ndicate the E	ld be corre r V=Violati sibly the p ment sectio stimated Co	cted thro on (a fir ursuit of n to prov	ough routine pr nding that beca f acceleration) vide an explana	rocedures ause of .
Section II: Exterior Site Inspection	A	F	v	ECD	N/A
Utilities	1				
Drainage and Erosion Control Okecchobic ctr.	hulding	& heed	Fill	-	
Landscaping and Grounds	Dunging	THECH	7 711		
Drives, Parking Surfaces and Walks					
Exterior Signage					
Site Accessibility	1				
Fences and Retaining Walls					
Debris and Graffiti					
Lighting					
Foundation	1				
Exterior Walls and Siding Blace need pair	1				
Roofs, Flashing and Gutters					
Windows, Doors and Exterior					

Comments/Observations(use additional sheet(s) as needed):

Vacants: 1244

Common Area Signage
Common Area Accessibility

Okerchober Ctr. bldgs. are in the process of being painted. Service is being donated by members of Christ Fellowship Church. Osceola Center painting will follow.

bepa			
Worksheet Stale	2		
Worksheet Street	+		
Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Teremiah Winnal			P
Unit#: 1020		DKEL O	hd
Occupancy Date: 11-12-08 41		MILEC	ou
Directions: Use this worksheet as a guide information or mark the appropriate box(Y comments/observation section. Use data fr		propriate n as needed	in the
General		ON	N/A
1. How many people live in household?		Line is	4 17 15
2. Did you pay a security deposit? If so,			
\$			
3. How much do you pay for rent? \$	- 15 te	Tal Lings	9-10-38
4. How much do you pay for utilities?		Comment	
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			946 - Ja
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?	**		
For Fully Accessible Unit			4 1 1 3 3 3
13. Do you have a need for the accessibility features of this unit?			7

Comments/Observations(use additional sheet(s) as needed):

14. If not, does your lease require you to move if an individual needing

No English

these features applies?

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	C	Init #:			
Is this unit vacant?:	Date v	vacated:		Rent Ready:	
Tenant Name:				***	
Apartment Unit - General	A	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating		1			
Insect/Rodent Infestation	V				
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings		1			
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings		1			
Windows					
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets					
Flooring					,
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings	27				
Doors					
Flooring					
Accessibility					
Bedroom	λ	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring			10		

Comments/Observations (use additional sheets(s) as needed);

Department of Agriculture

MFH I

MFH I	/		
Worksheet fo:  Project Name: OKEE/OSCEOLA CENTER  Worksheet fo:	more.		
	cardo 😂		×
Worksheet fo:	L	1	
	2/	<u> </u>	
Tenant Name: Doroteo Maldonado			
Unit#: /028		Kee O.	bd.
Occupancy Date: 9-6-11	1		
Directions: Use this worksheet as a guide for	/	opriate	
information or mark the appropriate box(YES, comments/observation section. Use data from	/	as needed	in the
Comments/observation section, use data from			
General		NO	N/A
1. How many people live in household?		(WEE 18)	
2. Did you pay a security deposit? If so, ho			
\$		4 -	
		1	
3. How much do you pay for rent?			CONTRACTOR
4. How much do you pay for utilities?			
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and	-		
common area, if applicable. If no, why not? $\bigcap$ $\bigvee$ '			
8. Do you understand the income verification and contification			
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			
		1 1	
Day Bullis Barraible Main		1	D. 1004
For Fully Accessible Unit		4	
13. Do you have a need for the accessibility features of this unit?			/
	13		
14. If not, does your lease require you to move if an individual needing		-	
these features applies?			/
	l		

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	ש	nit #:			
Is this unit vacant?:	Date 1	Date vacated:			
Tenant Name:					
Apartment Unit - General	A	F	ν	RCD	N/A
Water Heaters					
Emergency Call System (if installed)					1
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	ν	ECD	N/A
Entrance Door					_
Walls and Ceilings					
Door and Windows					
Flooring		1			
Ritchen	λ	F	ν	BCD	N/A
Walls and Ceilings					
Windows					
Refrigerator					
Range and Range Hood					
Sinks	1				
Cabinets					
Flooring		-			
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

М₽

15-13			
Worksheet	5		
Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Dorothy Mc Cloud			
Project Name: OKEE/OSCEOLA CENTER  Tenant Name: Dorothy McCloud  Unit#: /070  Occupancy Date: 6-15-85  Directions: Use this worksheet as a guide		okee o	261
Occupancy Date: 6-15-85	,		
Directions: Use this worksheet as a guide	f pp:	ropriate	
information or mark the appropriate box()	bn	as needed i	in the
comments/observation section. Use data fi			
Genera 1 //a	<del> </del>	NO	N/A
1. How many people live in household?			
2. Did you pay a security deposit? If so,	E .		-
\$			
3. How much do you pay for rent?			
4. How much do you pay for utilities?			
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?	F. Sont T.		
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification			
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
	-		
11. *Do you find the Maintenapée acceptable? Why or why not?			
Accessibility	YES	МО	N/A
12. Has the owner made reasonable accommodations as requested?	,		
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?		7,332	
14. If not, does your lease require you to move if an individual needing			
these features applies?	*		
	1		

Comments/Observations(use additional sheet(s) as needed):

Unable to access unit to inspect- Key not available

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ţ	Unit #:			
Is this unit vacant?;	Date	Date vacated:			
Tenant Name:					
Apartment Unit - General	A	F	# V	RCD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating				¥	
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator					v .
Range and Range Hood					
Sinks					
Cabinets					
Flooring					
Accessibility			8		
Bathroom	λ	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows				- ×	
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Department Rural I MFH Physi

Worksheet for MFH Project Name: OKEE/OSCEOLA CENTER Tenant Name: Unit#: Occupancy Date: 11-30-11 Directions: Use this worksheet as a guide for ind information or mark the appropriate box(YES, NO, comments/observation section. Use data from MFIS General 1. How many people live in household? 2. Did you pay a security deposit? If so, how muc 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. \*Are you working? If so where? 6. \*If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?, 8. Do you understand the income verification and certification process? 9. Do you know about the grievande process? 10. \*Do you find the managemen \'s Yesponse to your request for repairs acceptable? Why or why hot? 11. \*Do you find the Maintenance/acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13. Do you have a need for the accessibility features of this unit? 14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ü	nit #:			
Is this unit vacant?:	this unit vacant?: Date vacated:			Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					-
Accessibility			-		
Electrical, Air Conditioning and Heating	1,				
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	٧	BCD	N/A
Walls and Ceilings					
Windows					
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets	<i></i>				
Flooring					1
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall	8				
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings	Y				
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Departmen Rura. MFH Phys

Worksheet for MF	Č		
Project Name: OKEE/OSCEOLA CENTER	).		
Tenant Name: Emmanuel Ferdinand	ш.		
Unit#: //9/	Minst	1	3/11.
Occupancy Date: 5-1-99	TREET	100	2081
Directions: Use this worksheet as a guide for i		ate	
information or mark the appropriate box(YES, NO	r, Tierre	eeded	in the
comments/observation section. Use data from MFI	)		
General	75/	NO	N/A
1. How many people live in household?		11.00	A. 1917
2. Did you pay a security deposit? If so, how m			
\$			
3. How much do you pay for rent?	/	THE PROPERTY OF	
4. How much do you pay for utilities?	7		
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8: Do you understand the income verification and certification	73		
process?	1,		
9. Do you know about the grievance process?	0		
10. *Do you find the management's response to your request for	B/		
repairs acceptable? Why or why not?			-
11. *Do you find the Maintenance acceptable? Why or Why not?			
		-	
Accessibility	YES	МО	N/A
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			
14. If not, does four lease require you to move if an individual needing these features applies?			
		l	l

Comments/Observations(use additional sheet(s) as needed)

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	יט	nit #:			
Is this unit vacant?;	Date v	acated:		Rent Ready	
Tenant Name:					
Apartment Unit - General	A /	F	v	RCD	N/A
Water Heaters					
Emergency Call System (if installed)	1				
Fire Protection			+		
Accessibility			1		
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation			<del> </del>		
Living Room/Dining Room	A	F	v	BCD	N/A
Entrance Door			1		
Walls and Ceilings			<u> </u>		
Door and Windows					
Flooring			-		
Kitchen	A	P	v	BCD	N/A
Walls and Ceilings Nils to he borned as Da	ated				.,,,,
Windows MCOS (DUE SETAPENT PAT	mea.				
Walls and Ceilings News to be scraped & pai Windows Refrigerator terrent owns					-/-
Range and Range Hood					- 1 /
Sinks					- V
Cabinets			<del>  </del>		
Flooring					
Accessibility			<b> </b>		-
Bathroom	A	F	v	ECD	N/A
Water Closet					M/A
Bathtub and Shower Stall					-
Sinks/Vanity			-		
Walls and Ceilings Paint and					-
Walls and Ceilings Paint peering		_	-	~	-
Flooring					
Accessibility	-				
Bedroom # 2	A	F	v	ECD	V
Walls and Ceilings Paint puling		-		<u> </u>	N/A
Door and Windows	+				
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Mold throughout unit

Project Name: OKEE/OSCEOLA CENTER Stage + Tenant Name: it Type: OKec Unit#: Occupancy Date: Directions: Use this worksheet a er the appropriate information or mark the appropri: hformation as needed in the comments/observation section. Use YES N/A 1. How many people live in house 2. Did you pay a security deposit: 11 55, ... 3. How much do you pay for rent? swater \$80/clec \$60-70 4. How much do you pay for utilities? 5. \*Are you working? If so where? 6. \*If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you know about the grievance process? 10. \*Do you find the management's response to your request for repairs acceptable? Why or why not? 11. \*Do you find the Maintenance acceptable? Why or why not? Accessibility YES N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13. Do you have a need for the accessibility features of this unit? 14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER		nit #:		In n	
Is this unit vacant7:	Date	racated;		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A/	F	ν	ECD	N/A
Water Heaters	V				
Emergency Call System (if installed)					
Fire Protection					
Accessibility				<u> </u>	
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door needs seal replaced					
Walls and Ceilings					
Door and Windows	1,				
Flooring					
Kitchen	λ	F	ν	ECD	N/A
Walls and Ceilings	V.				
Windows					
Refrigerator					
Range and Range Hood	1				
Sinks					
Cabinets need replaced	/				
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet	1				
Bathtub and Shower Stall	1				
Sinks/Vanity	//				
Walls and Ceilings	1,				
Doors	//				
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings	1				
Door and Windows	1,				
Flooring				11	

Comments/Observations(use additional sheets(s) as needed):

Hole in	wall behind washer	
Cable	by front needs to be	removed-trip hazard

MFI 25-B

Worksheet //F/(A	150		
Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Pamula D. Woods			
Worksheet  Project Name: OKEE/OSCEOLA CENTER  Tenant Name: Pamula D. Woods  Unit#: 1306  The state of the sta	et :	Okec a	261.
Occupancy Date: 6-27-87	F		
Occupancy Date: 4.27.87  Directions: Use this worksheet as a guide information or mark the appropriate box(Y comments/observation section. Use data fr	Þ	propriate n as needed	in the
Genera	+	NO	N/A
1. How many people live in household?			
2. Did you pay a security deposit? If so, now mucn:	1	- Maria	
\$		1	
3. How much do you pay for rent?	/		
4. How much do you pay for utilities?			
5. *Are you working? If so where?	1		
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?	ļ		
8. Do you understand the income verification and certification process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
		-	
Accessibility	YES	NO	N/A
12. Has the owner made reasonable agrommodations as requested?			
For Fully Accessible Unit	Harris Arkin		
13. Do you have a need for the accessibility features of this unit?			1
14. If not, does your lease require you to move if an individual needing	-		
these features applies?			

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ū	nit #:			
Is this unit vacant?:	Date v	acated:		Rent Ready:	
Tenant Name:	····				
Apartment Unit - General	A	F	v	ECD	N/2
Water Heaters					
Emergency Call System (if installed)	,				
Fire Protection					
Accessibility					1
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	BCD	N/3
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring		1			
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator			-		1
Range and Range Hood					
Sinks					
Cabinets					
Flooring			1		
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall			1		
Sinks/Vanity			1		
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Department Rura MFH Phy.

Kouse unit STARRE Worksheet for ME Project Name: OKEE/OSCEOLA CENTER Tenant Name: uclerson Unit#: Occupancy Date: 2-20-15 late Directions: Use this worksheet as a guide for : seeded in the information or mark the appropriate box(YES, NC comments/observation section. Use data from MF1 N/A General NO 1. How many people live in household? 2. Did you pay a security deposit? If so, how m 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. \*Are you working? If so where? 6. \*If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and centification process? 9. Do you know about the grievance process? 10. \*Do you find the management's response your request for repairs acceptable? Why or why not? 11. \*Do you find the Maintenance acceptable? Why or why not? N/A Accessibility YES NO 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13. Do you have a need for the accessibility features of this unit? 14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	T	Init #:			
Is this unit vacant?:	Date	Date vacated:			
Tenant Name:					
Apartment Unit - General	A	F	ν	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection	1				
Accessibility					
Electrical, Air Conditioning and Heating	1,				
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	BCD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	v	BCD	N/A
Walls and Ceilings					
Windows					
Refrigerator	Ξ,				<b>/</b>
Range and Range Hood					/
Sinks	V.				
Cabinets	1,				
Flooring					- I
Accessibility					V
Bathroom	λ	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					/
Accessibility					
Bedroom	A	F	ν	BCD	N/A
Walls and Ceilings		Jan .			
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

M 63			
Project Name: OKEE/OSCEOLA CENTER  Tenant Name: Juan Cristobal  Unit#: 1429  Occupancy Date: 5-21-14	lec		
Project Name: OKEE/OSCEOLA CENTER	1/3		
Tenant Name: Juan Cristobal	<u> </u>		
Unit#: 1429	a . —	OKEC 3	3 bd.
Occupancy Date: 5-2/-/4	466 6	7	2=== W-2
Directions: Use this worksheet as a gui information or mark the appropriate box comments/observation section. Use data	a	ppropriate on as needed	in the
Gener 339	) -	NO	N/A
1. How many people live in household?	/· [		
2. Did you pay a security deposit? If so, how much?			
3. How much do you pay for rent? 6 96 Wick \$390 appro			
3. How much do you pay for rent? \$ 94 week \$390 appro	X		
4. How much do you pay for utilities? \$ elec \$170-150 water	4120-150		
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			3507
7. Do you have access to the laundry facilities, community room and	/		
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
1, <u>8</u>			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			-/
A	1		
For Fully Accessible Unit	1277		7

Comments/Observations(use additional sheet(s) as needed):

"prefers Osceola" "Diane very nice"

14. If not, does your lease require you to move if an individual needing

13. Do you have a need for the accessibility features of this unit?

these features applies?

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	τ	Init #:			
Is this unit vacant?:	Date	Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	V	ECD	N/2
Water Heaters					
Emergency Call System (if installed)					
Fire Protection		<del> </del>	1		
Accessibility			1		1
Electrical, Air Conditioning and Heating			-		
Insect/Rodent Infestation		-			
Living Room/Dining Room	A	F	v	RCD	N/A
Entrance Door					
Walls and Ceilings			-		_
Door and Windows			-		
Flooring		-			_
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
windows needs screen					
Refrigerator		<del> </del>	_		
Range and Range Hood		<del>                                     </del>	<del>                                     </del>		
Sinks		-			-
Cabinets			-		
Flooring			-		
Accessibility			-		
Bathroom	A	F	v	ECD	N/A
Water Closet fan not working					
Bathtub and Shower Stall		-			
Sinks/Vanity	<del></del>				
Walls and Ceilings					
Doors					_
Flooring			1		_
Accessibility					-/
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings	·				
Door and Windows	1-1-			-	
Plooring					

Comments/Observations(use additional sheets(s) as needed):

" scared of light fixture (bathroom) but does't work

1570 12th DR

#### Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Yolander Felton			
Unit#: 2038	Unit Type:	75C 1	hd
Occupancy Date: 8-4-14	NTC: /7		
Directions: Use this worksheet as a guide for individual tenant interviews.	Enter the appr	opriate	
information or mark the appropriate box(YES, NO, or N/A). *Provide addition	al information	as needed i	in the
comments/observation section. Use data from MFIS TNT1000 for responses below	w.		
General	YES	NO	N/A
1. How many people live in household?		E-12) A)	V. XI-102
2. Did you pay a security deposit? If so, how much?		DE ANT STANCE	T-821-941 - 14G
\$			
3. How much do you pay for rent?	The second second		
4. How much do you pay for utilities?	- /		
\$	/		
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			MINIMPER DE
7. Do you have access to the laundry facilities, community room and	1	2000	7 TRI F 28 LI 1980
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification			
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			***
<i>f.</i>			
	1		
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?		100	4.00
14. If not, does your lease require you to move if an individual needing			/
these features applies?			

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	t	Jnit #:			
Is this unit vacant?:	Date	Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	v	ECD	N/A
Water Heaters					(A 2)
Emergency Call System (if installed)					
Fire Protection	1				
Accessibility	7.				
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings		1			
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings		1			
Windows					
Refrigerator					
Range and Range Hood		1			
Sinks	1				
Cabinets					
Flooring					
Accessibility					1
Bathroom	A	F	v	ECD	N/A
Water Closet TP holder missing					
Bathtub and Shower Stall			- 6		
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					,
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring			-	-	

Comments/Observations(use additional sheets(s) as needed):

1462 12th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER				
Tenant Name: Gwendolyn Fashaw				
Unit#: 2087	Unit Type:	050. 1	60	
Occupancy Date: 3-/-0/	NTC: 64			
Directions: Use this worksheet as a guide for individual tenant interviews.	Enter the app	Enter the appropriate		
information or mark the appropriate box(YES, NO, or N/A). *Provide addition	al information	as needed :	in the	
comments/observation section. Use data from MFIS TNT1000 for responses belo	w.			
General	YES	NO	N/A	
1. How many people live in household?		Com 15 15		
2. Did you pay a security deposit? If so, how much?	187 35187 45189		SHE SEASON STA	
3. How much do you pay for rent?	1			
3. How much do you pay for rent? \$ 64	1.00 PAPE 15.		1-23	
4. How much do you pay for utilities? \$ water \$73/c/ce \$190				
5. *Are you working? If so where?		1 more		
6. *If no, how do you pay your rent and expenses? SSI disabled t	Tarmworke	,	Etalita.	
<ol> <li>Do you have access to the laundry facilities, community room and</li> </ol>	1	i i		
common area, if applicable. If no, why not?				
8. Do you understand the income verification and certification				
process?				
9. Do you know about the grievance process?				
10. *Do you find the management's response to your request for				
repairs acceptable? Why or why not?				
11. *Do you find the Maintenance acceptable? Why or why not?				
Accessibility	YES	NO	N/A	
12. Has the owner made reasonable accommodations as requested?				
E.				
For Fully Accessible Unit				
13. Do you have a need for the accessibility features of this unit?			the state of the state of	
14. If not, does your lease require you to move if an individual needing				
these features applies?				

Comments/Observations(use additional sheet(s) as needed):

"never had no problem

Section III: Unit Inspection Project Name: OKEE/OSCEOLA CENTER		Jnit #:			
Is this unit vacant?:		Date vacated:			
Tenant Name:	5000	7404144		Rent Ready:	
Apartment Unit - General	A	F	Ιv	ECD	N/A
Water Heaters	<del>-</del>	F	<u>'</u>	ACD	M/ A
Emergency Call System (if installed)			1		
Fire Protection			-		
Accessibility		+			-
Electrical, Air Conditioning and Heating		-	-		
Insect/Rodent Infestation	——————————————————————————————————————				
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door		-	-		
Walls and Ceilings		-			
Door and Windows		1			
Flooring		+	-		
Kitchen	A	F	v	RCD	N/A
Walls and Ceilings		<del> </del>			
Windows	1	+			-
Refrigerator tenant owned.		-	-		
Range and Range Hood		1	-		
Sinks	1	<del></del>			
Cabinets		·			
Flooring		1	-		
Accessibility	- V		-		
Bathroom	A	F	v	RCD	N/A
Water Closet					_
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors	7				
Flooring					
Accessibility					
Bedroom	A	F	v	BCD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Replace light cover in bedroom & bedroom closet

1629 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Alfredo Trevino			
Unit#: 2/38	Unit Type:	03C 3	bd.
Occupancy Date: 9-1-98	NTC: 407		
Directions: Use this worksheet as a guide for individual tenant interviews.			
information or mark the appropriate box(YES, NO, or N/A). *Provide additional corrects of the second		as needed	in the
comments/observation section. Use data from MFIS TNT1000 for responses below	٧.		
General	YES	МО	N/A
1. How many people live in household?			
2. Did you pay a security deposit? If so, how much?	1		
a doesn't remember			
3. How much do you pay for rent? \$ 98/week	2.15-13-28		
2. Did you pay a security deposit? If so, how much?  \$	Line de la Sy		
5, *Are you working? If so where? Duda	Commence		
6. *If no, how do you pay your rent and expenses?	THOMAS.		N. B. II
7. Do you have access to the laundry facilities, community room and	1		
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification	130		
process?	W		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			*
11. *Do you find the Maintenance acceptable? Why or why not?	1		
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			/
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			/
14. If not, does your lease require you to move if an individual needing these features applies?			
	-L	L	

Comments/Observations(use additional sheet(s) as needed):

"Sometimes take a little long to fix: but they fix it"	things
" like it here better than other places	4.0

Section III: Unit Inspection		7			
Project Name: OKEE/OSCEOLA CENTER	U	nit #:			
Is this unit vacant?:	Date vacated: Rent Ready:		Date vacated:		
Tenant Name:					
Apartment Unit - General	A	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					1
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Ki tchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator				, e	. /
Range and Range Hood rusted					V
Sinks					
Cabinets		1			
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					-
Flooring					
Accessibility					
Bedroom	A	P	v	BCD	N/A
Walls and Ceilings			-		
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed);

1664 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Alexandra Gallegas			
Unit#: 2191	Unit Type:	050	2 bd.
Occupancy Date: /- 2/-//	NTC: 342		
Directions: Use this worksheet as a guide for individual tenant interviews.			
information or mark the appropriate box(YES, NO, or N/A). *Provide additional		as needed	in the
comments/observation section. Use data from MFIS TNT1000 for responses below	1.		
General	YES	NO	N/A
1. How many people live in household?	1 12 14		
2. Did you pay a security deposit? If so, how much?			
3. How much do you pay for rent? \$ 73 approx.			
3. How much do you pay for rent? \$ 73 appron.			nat
4. How much do you pay for utilities? \$ elec \$100 water \$100			
5. *Are you working? If so where?	L		
6. *If no, how do you pay your rent and expenses? Stacks armss hust	and)		PRODE.
7. Do you have access to the laundry facilities, community, comm and	1		
common area, if applicable. If no, why not?	V (3)		
8. Do you understand the income verification and certification			
process?			€
9. Do you know about the grievance process?			
10, *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?	T. Carlot		1
1	Lann.		
Accessibility	YES	NO	n/A
12. Has the owner made reasonable accommodations as requested?			
9			
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			1
7.7			
14. If not, does your lease require you to move if an individual needing			/
these features applies?			V
			·

Comments/Observations(use additional sheet(s) as needed):

wife unamployed "like living here, it's really good"

1471 12th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Clifford Dandison			
Unit#: 2244	Unit Type:	25c .	361.
Occupancy Date: 7-15-05	NTC: 407		000.
Directions: Use this worksheet as a guide for individual tenant interviews. Information or mark the appropriate box(YES, NO, or N/A). *Provide additional comments/observation section. Use data from MFIS TNT1000 for responses below.	information	opriate as needed	in the
General	YES	МО	N/A
1. How many people live in household?			
2. Did you pay a security deposit? If so, how much?			
\$	V		
3. How much do you pay for rent? 24/1/2016	+u4 (28.10)	Section 1	F Day
3. How much do you pay for rent? \$ 94/week  4. How much do you pay for utilities? \$ elec \$ 200 water \$ 123			
5, *Are you working? If so where?	1		
6. *If no, how do you pay your rent and expenses? tractor driver			Billing R
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification	/		
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	МО	N/A
12. Has the owner made reasonable accommodations as requested?			/
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			
14. If not, does your lease require you to move if an individual needing these features applies?			

Comments/Observations(use additional sheet(s) as needed)

"like living in the area"

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ü	nit #:			
Is this unit vacant?:	Date v	Date vacated:			
Tenent Name:					
Apartment Unit - General	λ,	F	v	BCD	N/A
Water Heaters rusted					
Emergency Call System (if installed)	9				
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					12
Refrigerator					
Range and Range Hood rusted	,				
Sinks					
Cabinets					
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet need lightcover					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

ì	ч	10	11	1th	s /	
,	- 1	·		1 12	ונ	

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Miquel Perez Jr.			
Unit#: 23/8	Unit Type:	05c 2	hd.
Occupancy Date: 8-22-08	NTC: 342		
Directions: Use this worksheet as a guide for individual tenant interviews.			
information or mark the appropriate box(YES, NO, or N/A). *Provide additions		as needed i	in the
comments/observation section. Use data from MFIS TNT1000 for responses below	₩.		
General	YES	мо	N/A
1. How many people live in household?		型层型 學彩	
2. Did you pay a security deposit? If so, how much?			
3. How much do you pay for rent? \$ 19-	14		
3. How much do you pay for rent? \$ 1/9-			Walls V
4. How much do you pay for utilities? \$ elec \$50 water \$50			
5. *Are you working? If so where? Sugar house			
6. *If no, how do you pay your rent and expenses?	12.00		
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification	/		
process?		2:	
9. Do you know about the grievance process?	V,		
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?	(~°		
11. *Do you find the Maintenance acceptable? Why or why not?	100		
	L		
Accessibility	YES	МО	N/A
12. Has the owner made reasonable accommodations as requested?			
			V
For Fully Accessible Unit	THE PO		
13. Do you have a need for the accessibility features of this unit?			/
·			
14. If not, does your lease require you to move if an individual needing			/
these features applies?			

Comments/Observations(use additional sheet(s) as needed):

" like it"

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ur	ait #:			
Is this unit vacant?:	Date vacated:			Rent Ready:	
Tenant Name:				<del></del>	
Apartment Unit - General	λ/	F	v	BCD	N/A
Water Heaters					
Emergency Call System (if installed)	/				
Fire Protection					/
Accessibility	1				
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation					
Living Room/Dining Room	A /	F	v	ECD	N/A
Entrance Door		5			
Walls and Ceilings	,				
Door and Windows	1,				
Flooring					
Kitchen	λ	F	v	BCD	N/A
Walls and Ceilings	-				
Windows					,
Refrigerator rusted - Dwned by tenant					
Range and Range Hood					
Sinks					
Cabinets	7,				
Flooring					1
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet	1,		-		
Bathtub and Shower Stall					
Sinks (Vanity) door off hinge					
Walls and Ceilings					-
Doors	1,				
Flooring					
Accessibility					
Bedroom	A	F	v	RCD	N/A
Walls and Ceilings	A)				
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Unit needs to be painted

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER	U	nit #:				
Is this unit vacant?:	Date v	Date vacated:			Rent Ready:	
Tenant Name:						
Apartment Unit - General	A	F	v	ECD	N/A	
Water Heaters						
Emergency Call System (if installed)	200					
Fire Protection						
Accessibility					1	
Electrical, Air Conditioning and Heating						
Insect/Rodent Infestation			-			
Living Room/Dining Room	A	F	v	ECD	N/A	
Entrance Door						
Walls and Ceilings						
Door and Windows			1			
Flooring						
Ritchen	A	F	v	ECD	N/A	
Walls and Ceilings				4		
Windows	1 1					
Refrigerator						
Range and Range Hood					1	
Sinks						
Cabinets						
Flooring						
Accessibility						
Bathroom	. A	F	v	ECD	N/A	
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring need tile replaced behind	toilet					
Accessibility	1					
Bedroom	λ	F	v	RCD	N/A	
Walls and Ceilings	1					
Door and Windows		1975 2				
Flooring						

Comments/Observations(use additional sheets(s) as needed):

# 1631 12th DR

#### Department of Agriculture Rural Development MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ū	nit #: -	192		
		Date vacated: Q 20			no
Tenant Name:			30 11		110
Apartment Unit - General	A	F	T v	ECD	N/
Water Heaters		-	+		
Emergency Call System (if installed)	<del></del>	<b> </b>	<del>                                     </del>		1
Fire Protection					
Accessibility		-			1
Electrical, Air Conditioning and Heating			+		
Insect/Rodent Infestation	1				
Living Room/Dining Room	A	F	v	ECD	N/I
Entrance Door			-		
Walls and Ceilings	31 <b>4</b> - 1		+		
Door and Windows			<del>                                     </del>		
Flooring					
Kitchen	A	F	v	BCD	N/A
Walls and Ceilings	1				
Windows			<del>                                     </del>		
Refrigerator			1		
Range and Range Hood					
Sinks	/		<del>                                     </del>		
Cabinets	1				
Flooring	+ 7				-377
Accessibility			<del></del>		1
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall neids grout					
Sinks/Vanity					_
Walls and Ceilings					
Doors					
Flooring			<del></del>		
Accessibility	1				-
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Plooring	1		<del></del>		
			1		

Comments/Observations(use additional sheets(s) as needed):

Mait needs to be cleaned

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	U	nit #:	244 13	62-DKee 1	tr.
Is this unit vacant?: V/5	ume: OKEE/OSCEOLA CENTER  Unit #: 1344 1362 OKec C1  ult vacant?; y 5  Date vacated: 41-15  Rent Ready: y		Date vacated:		
Tenant Name:			, , , ,		
Apartment Unit - General	λ	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating	1/				
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	BCD	N/A
Entrance Door					
Walls and Ceilings					-
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator			1 1		1
Range and Range Hood					
Sinks					
Cabinets				_;	
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Need to strip relean Floors
Unit has been repainted a some electrical work completed